

## **Application Data Sheet**

### **Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	N/A
CD-ROM or CD-R?::	Listing
Number of CD disks::	1
Number of copies of CDs::	1
Sequence submission?::	Paper
Computer Readable Form (CRF)?::	Yes
Number of copies of CRF::	1
Title::	PROTEIN EXPRESSION SYSTEM
Attorney Docket Number::	01794100H406US1
Request for Early Publication?::	No
Request for Non-Publication?::	No
Total Drawing Sheets::	7 (8 Figures)
Small Entity?::	Yes
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

### **Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	John
Middle Name::	C.
Family Name::	Salerno
City of Residence::	Averill Park
State or Province of Residence::	NY
Country of Residence::	US
Street of mailing address::	111 Edgewood Drive

City of mailing address:: Averill Park  
State or Province of mailing address:: NY  
Postal or Zip Code of mailing address:: 12018

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Michael  
Family Name:: Hanna  
City of Residence:: Averill Park  
State or Province of Residence:: NY  
Country of Residence:: US  
Street of mailing address:: 75 Loon Creek Lane  
City of mailing address:: Averill Park  
State or Province of mailing address:: NY  
Postal or Zip Code of mailing address:: 12018

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Jane  
Middle Name:: F.  
Family Name:: Koretz  
City of Residence:: Slingerlands  
State or Province of Residence:: NY  
Country of Residence:: US  
Street of mailing address:: 6 Keats Common  
City of mailing address:: Slingerlands  
State or Province of mailing address:: NY  
Postal or Zip Code of mailing address:: 12159-2409

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Donna  
Family Name:: Crone  
City of Residence:: Troy  
State or Province of Residence:: NY  
Country of Residence:: US  
Street of mailing address:: 28 Winter Street  
City of mailing address:: Troy  
State or Province of mailing address:: NY  
Postal or Zip Code of mailing address:: 12180

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Susan  
Middle Name:: M. E.  
Family Name:: Smith  
City of Residence:: Averill Park  
State or Province of Residence:: NY  
Country of Residence:: US  
Street of mailing address:: 111 Edgewood Drive  
City of mailing address:: Averill Park  
State or Province of mailing address:: NY  
Postal or Zip Code of mailing address:: 12018

#### **Correspondence Information**

Correspondence Customer Number:: 07278

#### **Representative Information**

Representative Customer Number:: 07278

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Application claiming the benefit under 35 USC 119(e)	60/408,680	09/06/02